

## CLAIMS ONLY

Application Number

10/695,620

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
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Total Indep	2					
Total Depend.	30					
Total Claims	32					

\* May be used for additional claims or amendments

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Total Depend.						
Total Claims						